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Bib Data Sheet

CONFIRMATION NO. 3455

<b>SERIAL NUMBER</b> 09/864,967	<b>FILING DATE</b> 05/24/2001 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> 4623US	
<b>APPLICANTS</b> Shawn P. Fojtik, Park City, UT; <b>** CONTINUING DATA *****</b> <i>(none)</i> <b>** FOREIGN APPLICATIONS *****</b> <i>(none)</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 07/24/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>(Signature)</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> UT	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 24247					
<b>TITLE</b> Hand-held, hand operated power syringe and methods					
<b>FILING FEE RECEIVED</b> 418	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		